South Carolina Department of Health and Human Services

HIPAA Transaction Sets and Code Sets
(HTSCS)
834 Enrollment Companion Guide Specifications

Version 2.3
03 October 2006

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1.   INTRODUCTION

Companion Guides are designed to be used in conjunction with the HIPAA-required ANSI X12 Implementation Guide and Addenda. The Companion Guide specifications define current functions and other information specific to South Carolina Medicaid Title XIX (SC Medicaid). The South Carolina Department of Health and Human Services (SCDHHS) solution for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this companion guide for the indicated transactions.

This Companion Guide supports the requirements of the 4010A1 version of the ANSI X12 Implementation Guide and the changes indicated by any addenda for this transaction.

Copies of the ANSI X12 Implementation Guide can be obtained at no charge by downloading the files from the following WEB site:

http://www.wpc-edi.com/hipaa/HIPAA_40.asp

2. SCOPE

The United States Congress included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, Congress added to title XI of the Social Security Act a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the Federal Register for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within two years of the rule effective date, making compliance necessary by October 16, 2002 unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003, for those covered and required to comply in 2002. SCDHHS has filed for such an extension.

This Companion Guide includes the scope and transaction maps for the ASC X12N 834 004010X095A1 Benefit Enrollment and Maintenance transaction set.

The 834 MCO Enrollment transaction reports recipient benefit enrollment information to MCOs. The Companion Guide is used as a reference to show mapping of the enrollment data generated in the Medicaid Management Information System (MMIS) to a HIPAA-compliant 834 transaction set. The MCO Enrollment source file, which is currently sent to the MCOs, is used as a source to create the outgoing 834 MCO Enrollment transactions.

3.   834 MANAGED CARE ENROLLMENT TRANSACTION MAP

*Unless otherwise noted, please follow the rules on the *ANSI X12 Implementation Guide* (including Addendum) for 004010X095A1.

**The "Loop" column consists of the loop number followed by a "/", whether required ("R") or situation ("S"), then a dash followed by the page number reference in the Implementation Guide.

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
N/A	ST/R-27	ST01	R	Transaction Set Identifier Code	
	ST/R-27	ST02	R	Transaction Set Control Number	
N/A	BGN/R-28	BGN01	R	Transaction Set Purpose Code	
	BGN/R-29	BGN02	R	Transaction Set Identifier Code	
	BGN/R-29	BGN03	R	Transaction Set Creation Date	
	BGN/R-29	BGN04	R	Transaction Set Creation Time	
		BGN05	S	Time Zone Code	Value will be set to 'ET' – Eastern Time
		BGN06	S	Transaction Set Identifier Code	
		BGN07	N	Transaction Type Code	
	BGN/R-31	BGN08	R	Action Code	Value will be set to '2' – Change
		BGN09	N	Security Level Code	
N/A		REF01	R	Reference Identification Qualifier	
		REF02	R	Master Policy Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
N/A		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Date Time Period	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
1000A/R-35				**SPONSOR NAME**	
	N1/R-35	N101	R	Entity Identifier Code	Value = "P5"
		N102	S	Plan Sponsor Name	
	N1/R-36	N103	R	Identification Code Qualifier	Value = "FI"
	N1/R-36	N104	R	Sponsor Identifier	Value = "570859576"
		N105	N	Entity Relationship Code	
		N106	N	Entity Identifier Code	
1000B/R-37				**PAYER**	
	N1/R-37	N101	R	Entity Identifier Code	Value = "IN"
	N1/S-38	N102	S	Insurer Name	
	N1/R-38	N103	R	Identification Code Qualifier	Value = "FI"
	N1/R-38	N104	R	Insurer Identification Code	
		N105	N	Entity Relationship Code	
		N106	N	Entity Identifier Code	
1000C/S-39				**TPA/BROKER NAME**	SC Medicaid will not use this loop.
1100C/S-41				**TPA/BROKER ACCOUNT INFORMATION**	SC Medicaid will not use this loop.
2000/R-43				**MEMBER LEVEL DETAIL**	
	INS/R/-44	INS01	R	Insured Indicator	Value = "Y"
	INS/R/-44	INS02	R	Individual Relationship Code	Value = '18' – Self
	INS/R/-45	INS03	R	Maintenance Type Code	Value = '001' – Change, '021' – Addition '024' – Cancellation, or '025' – Reinstatement
	INS/R/ -46	INS04	S	Maintenance Reason Code	Value = '07' – Termination of Benefits or '20' – Active
	INS/R/-47	INS05	R	Benefit Status Code	Value – 'A' – Active
	INS/R/-48	INS06	S	Medicare Plan Code	
		INS07	S	Consolidated Omnibus Budget	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
				Reconciliation Act (COBRA) Qualifying Event Code	
	INS/R/-49	INS08	S	Employment Status Code	Value – 'FT' – Full Time or 'TE' – Terminated
		INS09	S	Student Status Code	
	INS/R/-49	INS10	S	Handicap Indicator	
		INS11	S	Date Time Period Format Qualifier	
		INS12	S	Insured Individual Death Date	
		INS13	N	Confidentiality Code	
		INS14	N	City Name	
		INS15	N	State or Province Code	
		INS16	N	Country Code	
		INS17	S	Birth Sequence Number	
	REF/R-51	REF01	R	Reference Identification Qualifier	Value = "OF"
	REF/R-52	REF02	R	Subscriber Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/R-55	REF01	R	Reference Identification Qualifier	Value = "1L"
	REF/R-56	REF02	R	Insured Group or Policy Number	HMO Policy Number if assigned, otherwise will contain SC Medicaid ID
		REF03	N	Description	
		REF04	N	Reference Identifier	
		REF01	R	Reference Identifier Qualifier	
		REF02	R	Subscriber Supplemental Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
		REF01	R	Reference Identification Qualifier	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
		REF02	R	Prior Coverage Month Count	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	DPT/R-59	DTP01	R	Date Time Qualifier	Value = '473' – Medicaid Begin and '474' Medicaid End
	DPT/R-60	DTP02	R	Date Time Period Format Qualifier	Value = "D8"
	DPT/R-60	DTP03	R	Status Information Effective Date	
2100A/R-61				MEMBER NAME	
	NM1/R-62	NM101	R	Entity Identifier Code	Value = "1L"
	NM1/R-62	NM102	R	Entity Type Qualifier	Value = "1"
	NM1/R-62	NM103	R	Subscriber Last Name	
	NM1/R-62	NM104	R	Subscriber First Name	
	NM1/S-62	NM105	S	Subscriber Middle Name	
		NM106	S	Subscriber Name Prefix	
		NM107	S	Subscriber Name Suffix	
	NM1/S-63	NM108	S	Identification Code Qualifier	Value = '34' – Social Security Number
	NM1/S-63	NM109	S	Subscriber Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PER/R-65	PER01	R	Contact Function Code	Value = "IP"
		PER02	N	Name	
	PER/R-65	PER03	R	Communication Number Qualifier	Value = 'TE' – Telephone
	PER/R-65	PER04	R	Communication Number	
		PER05	S	Communication Number Qualifier	
		PER06	S	Communication Number	
		PER07	S	Communication Number Qualifier	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
		PER08	S	Communication Number	
		PER09	N	Contact Inquiry Reference	
N3/R-67		N301	R	Subscriber Address Line	
N3/S-67		N302	S	Subscriber Address Line	
N4/R-68		N401	R	Subscriber City Name	
N4/R-68		N402	R	Subscriber State Code	
N4/R-69		N403	R	Subscriber Postal Zone or ZIP Code	
		N404	S	Country Code	
N4/R-69		N405	S	Location Qualifier	Value = "CY"
N4/R-69		N406	S	Location Identification Code	
DMG/R-70		DMG01	R	Date Time Period Format Qualifier	Value = "D8"
DMG/R-71		DMG02	R	Member Birth Date	
DMG/R-71		DMG03	R	Gender Code	
		DMG04	S	Marital Status Code	
		DMG05	S	Race or Ethnicity Code	
		DMG06	S	Citizen Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
		ICM01	R	Frequency Code	
		ICM02	R	Wage Amount	
		ICM03	S	Work Hours Count	
		ICM04	S	Location Identification Code	
		ICM05	S	Salary Grade Code	
		ICM06	N	Currency Code	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
		AMT01	R	Amount Qualifier Code	
		AMT02	R	Contract Amount	
		AMT03	N	Credit/Debit Flag Code	
		HLH01	S	Health Related Code	
		HLH02	S	Member Height	
		HLH03	S	Member Weight	
		HLH04	N	Weight	
		HLH05	N	Description	
		HLH06	N	Current Health Condition Code	
		HLH07	N	Description	
		LUI01	S	Identification Code Qualifier	
		LUI02	S	Language Code	
		LUI03	S	Language Description	
		LUI04	S	Language Use Indicator	
		LUI05	N	Language Proficiency Indicator	
2100B/S-80				**INCORRECT MEMBER NAME**	SC Medicaid will not use this loop.
2100C/S-85				**MEMBER MAILING ADDRESS**	SC Medicaid will not use this loop.
2100D/S-90				**MEMBER EMPLOYER**	SC Medicaid will not use this loop.
2100E/S-98				**MEMBER SCHOOL**	SC Medicaid will not use this loop.
2100F/S-106				**CUSTODIAL PARENT**	SC Medicaid will not use this loop.
2100G/S-115				**RESPONSIBLE PERSON**	SC Medicaid will not use this loop.
2200/S-124				**DISABILITY INFORMATION**	SC Medicaid will not use this loop.
2300/S-128				**HEALTH COVERAGE**	
	HD/R/-128	HD01	R	Maintenance Type Code	Value = '101' – Change, '021' – Addition, '024 – Cancellation, or '025' – Reinstatement
		HD02	N	Maintenance Reason Code	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
	HD/R/-129	HD03	R	Insurance Line Code	Value = 'HMO' – HMO, 'PRA' – PEP or 'PDG' – GAP
		HD04	S	Plan Coverage Description	The first two positions of this are the payment category code or the plan code assigned by SC Medicaid. Positions 3-50 contain the payment category description.
		HD05	S	Coverage Level Code	
		HD06	N	Count	
		HD07	N	Count	
		HD08	N	Underwriting Decision Code	
		HD09	N	Yes / No Condition or Response Code	
		HD10	N	Drug House Code	
		HD11	N	Yes / No Condition or Response Code	
	DPT/R-132	DTP01	R	Date Time Qualifier	Value = '348' – Benefit Begin and '349' – Benefit End
	DPT/R-133	DTP02	R	Date Time Period Format Qualifier	Value = "D8"
	DPT/R-132	DTP03	R	Coverage Period	
	AMT/R-134	AMT01	R	Amount Qualifier Code	Value = 'P3' = Premium Amount
	AMT/R-134	AMT02	R	Contract Amount	
		AMT03	N	Credit / Debit Flag Code	
		REF01	R	Reference Identification Qualifier	
		REF02	R	Insured Group or Policy Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
		IDC01	R	Plan Coverage Description	
		IDC02	R	Identification Card Type Code	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
		IDC03	S	Identification Card Count	
		IDC04	S	Action Code	
2310/S-139				**PROVIDER INFORMATION**	
	LX/R-139	LX01	R	Assigned Number	Value = "1"
	NM1/R-141	NM101	R	Entity Identifier Code	Value = 'P3' – PCP
	NM1/R-141	NM102	R	Entity Type Qualifier	
	NM1/R-141	NM103	S	Provider Last or Organization Name	
	NM1/R-141	NM104	S	Provider First Name	
	NM1/R-141	NM105	S	Provider Middle Name	
		NM106	S	Provider Name Prefix	
		NM107	S	Provider Name Suffix	
		NM108	S	Identification Code Qualifier	
		NM109	S	Provider Identifier	
	NM1/R-142	NM110	R	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
		N401	R	Member City Name	
		N402	R	Member State Code	
		N403	R	Member Postal Zone or Zip Code	
		N404	S	Country Code	
		N405	S	Location Qualifier	
		N406	S	Location Identification Code	
		PER01	R	Contact Function Code	
		PER02	N	Contact Name	
		PER03	R	Communication Number Qualifier	
		PER04	R	Communication Number	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
		PER05	S	Communication Number Qualifier	
		PER06	S	Communication Number	
		PER07	S	Communication Number Qualifier	
		PER08	S	Communication Number	
		PER09	N	Contact Inquiry Reference	
		PLA01	R	Action Code	
		PLA02	R	Entity Identifier Code	
		PLA03	R	Plan Effective Date	
		PLA04	N	Time	
		PLA05	R	Maintenance Reason Code	
2320/S-150				**COORDINATION OF BENEFITS**	
	COB/R-150	COB01	R	Payer Responsibility Sequence Number Code	Value = 'P' – Primary
	COB/S-151	COD02	S	Insured Group or Policy Number	
	COB/R-150	COB03	R	Coordination of Benefits Code	Value = '1' – COB
	REF/R-152	REF01	R	Reference Identification Qualifier	Value = '6P' – Group Number
	REF/R-153	REF02	R	Insured Group or Policy Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	N1/R-154	N101	R	Entity Identifier Code	Value = "IN"
	N1/S-155	N102	S	Insurer Name	The first 5 positions are the carrier code assigned by SC Medicaid. Positions 6-50 contain the carrier name
		N103	S	Identification Code Qualifier	
		N104	S	Insured Group or Policy Number	
		N105	N	Entity Relationship Code	

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specification*
		N106	N	Entity Identifier Code	
	DPT/R-156	DTP01	R	Date Time Qualifier	
	DPT/R-156	DTP02	R	Date Time Period Format Qualifier	Value = "D8"
	DPT/R-157	DTP03	R	Coordination of Benefits Date	
9999/R-158				**TRANSACTION SET TRAILER**	
	SE/R-158	SE01	R	Transaction Segment Count	
	SE/R158	SE02	R	Transaction Set Control Number	

4.   DOCUMENT CHANGE HISTORY

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Version	Approval Date	Changed By	Reason
1.0	29 Mar 2003	Bob Cooke	Original Document
2.0	31 Mar 2004	Bob Cooke	p. 9 – description was added to define the Plan Coverage Description with reads – "The first three position of this are the pay category code assigned by SC Medicaid. Positions 4-50 contain the pay category descriptions." p. 10 – value 72 removed as only value for the Entity Relationship code. All values will be supported. p. 11 – the Value description for the Payer Responsibility Sequence Number Code was changed from "U" to "P". p. 11– the Value description for the Coordination of benefits Code was changed from "5" to "1". p. 11 – description was added for the value of the Insurer Name which reads – "the first 5 positions are the carrier code assigned by SC Medicaid. Positions 6 – 50 contain the carrier name."
2.1	28 Apr 2004	Jim Hazelrigs	p.5 – notation added for the element, Insured Group or Policy Number as follows: HMO Policy Number if assigned, otherwise will contain SC Medicaid ID
2.2	21 Oct 2005	Colleen McCuen	p. 9 notation modified to read: "Value = 'HMO' – HMO, 'PRA' – PEP or 'PDG' – GAP" p. 9 notation modified to read: "The first three positions of this are the payment category code or the plan code assigned by SC Medicaid. Position 4-50 contains the pay category or plan description."
2.3	03 Oct 2006	Colleen McCuen	p. 9 notation modified to read: "The first two positions of this are the payment category code category code or the plan code assigned by SC Medicaid. Positions 3-50 contain the payment category description.